

Approval Letter

I certify _____ is a Nurse/Allied Health Physician/Medical
Name of Delegate
Trainee/Student (**delete accordingly*) of _____ in
Name of Institution

Country

For Student, kindly indicate date of graduation:

____ / ____ (MM/YYYY)

Name of Head of Institution & Signature

Date

*Note: Graduates of 2018 will be allowed to register as Student at ASVAC 2019.